

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 11-9-11Registered No. 185County Gila State ARIZONA

Township _____ or Village _____

City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Full name of child Maria Apolonia Miranda If child is not yet named, make supplemental report, as directedSex Female If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Is mother married? yes 8. Date of birth May-11, 1930
female 5. Number, in order of birth _____ Full term yes (Month, day, year)Full name FATHER Librado Miranda 18. Full maiden name MOTHER Hermenia MirandaResidence (usual place of abode) Miami 19. Residence (usual place of abode) Miami
(If non-resident, give place and State)Color or race Mex 12. Age at last birthday 28 (Years) 20. Color or race Mex 21. Age at last birthday 19 (Years)Birthplace (city or place) Cumpas 22. Birthplace (city or place) Cumpas
(State or country) Son. Mex. (State or country) Son. Mex.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

Number of children of this mother at time of this birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Gornalier m. on the date above stated
(Born alive or stillborn)When there was no attending physician or midwife, then the father, householder, or should make this return. Sworn to before (Signed) Hermenia Miranda Motheren name added from supplemental report Dec-14-1934 M.C. or Librado Miranda FatherAddress Dec-20 1935 C. M. Cron RegistrarFiled Dec-20 1935 C. M. Cron Registrar10M 2-5-35 Form No. 2 MS
mission Expires Dec-5-1936 1441-511-541